

***This portion MUST be returned with your payment to ensure proper credit. THANK YOU***

ACCOUNT BILLED
CASCO GROUP INC

PROJECT NAME
ANCHOR PRODUCTS #1

PROJECT ID
S270025 ✓

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/29/2005	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	<b>RECEIVED</b> <b>JUL 11 2005</b>
Address	
<b>DIV. OF OIL GAS &amp; MINING</b>	
E-Mail Address _____	
State _____	Zip _____
Phone _____	

*Please make check payable to:*  
**Division of Oil, Gas and Mining**

*LB*